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Client Information

Please complete this questionnaire. This information is necessary to understand the complexity of your case and is needed for Court required forms. All information will be held in strict confidence.

County where suit is filed or to be filed: _____

County location where residence of the parties is located: _____

PARTIES

Client Name

Full Name _____ Age _____

Present Address _____
(Street) (City) (County) (Zip)

Mailing Address _____
(Street) (City) (County) (Zip)

Birth date _____ Birthplace _____ Race _____

Social Security No. _____ Driver License No. _____

Maiden or Former Name if applicable _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Fax _____

Emergency Contact _____
(Name) (Phone)

Employer _____
(Name) (Address)

Other Party Name

Full Name _____ Age _____

Present Address _____
(Street) (City) (County) (Zip)

Mailing Address _____
(Street) (City) (County) (Zip)

Birth date _____ Birthplace _____ Race _____

Social Security No. _____ Driver License No. _____

Maiden or Former Name if applicable _____

Home Phone _____ Cell Phone _____

E-mail _____ Fax _____

Employer _____
(Name) (Address)

Work Phone _____ Salary _____ per _____

Attorney representing party _____
(Name) (Phone)

Children

_____ No Children Born or Adopted

If you have children under 18 years old, please fill out the following information.

A. Name _____

Sex _____ Birthplace _____ Birth date _____

Social Security Number _____

Present Residence _____

How Long? _____

B. Name _____

Sex _____ Birthplace _____ Birth date _____

Social Security Number _____

Present Residence _____

How Long? _____

C. Name _____

Sex _____ Birthplace _____ Birth date _____

Social Security Number _____

Present Residence _____

How Long? _____

Witnesses

Are there people with special knowledge who can/will testify? If yes,
Please specify their connection (friend, relative, police dept., neighbor, etc.) _____
